Under the Paperwork Reduction Ac.

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Docket Number (Optional)

| ETITION | N FOF | R EXTENSION OF 1 | ΓIME UNDER 37 C | FR 1.136(a) | 4712-117 US | |
|--|---|--------------------------------|---|--|--|--|
| | | | In re Application of | In re Application of Cheing-Yu Lin, et al. | | |
| | | | Application Number | | Filed June 20, 2001 | |
| | | | For METHOD AND DETECTOR FOR IDENTIFYING SUBTYPES OF HUMAN PAPILLOMA VIRUSES | | | |
| | | | Group Art Unit TBA | Examiner TBA | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application. | | | | | | |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | | | | |
| | \boxtimes | One month (37 CFR | ≀ 1.17(a)(1)) | | \$ <u>110.00</u> | |
| | | Two months (37 CFI | R 1.17(a)(2)) | | \$ | |
| | | Three months (37 C | FR 1.17(a)(3)) | | \$ | |
| | | Four months (37 CF | FR 1.17(a)(4)) | | \$ | |
| | | Five months (37 CF | R 1.17(a)(5)) | | \$ | |
| ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | □ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. □ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-2165. □ I have enclosed a duplicate copy of this sheet. | | | | | |
| | as as | ssignee of record of th | ne entire interest. Se | e 37 CFR 3.71 | | |
| | Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| | ⊠ at | ttorney or agent of rec | ord. | | | |
| | ☐ atf | ttorney or agent under | | | | |
| | | Registration number if ac | eting under 37 CFR 1.34(a). | • | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
| | | 10/09/2001 | | Brouf | Kulwalte | |
| | | Date | | / | Signature | |
| 0000013 | 098857 | <i>19</i> 9 | | | Brian L. Buckwalter | |
| 110. 00 DP | | | | T | yped or printed name | |
| OTE: Signat | tures of a | all the inventors or assignee | s of record of the entire inte | erest or their representa | ative(s) are required. Submit multiple | |
| rms if more t | than one | e signature is required, see b | | TOST OF WHOM TOPTOSE | nivo(d) dio roquiodi. Oddini mining | |

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.